



Senate

General Assembly

File No. 762

January Session, 2019

Substitute Senate Bill No. 920

Senate, April 18, 2019

The Committee on Public Health reported through SEN. DAUGHERTY ABRAMS of the 13th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-6i of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2019*):

3 (a) There is established a school-based health center advisory
4 committee for the purpose of advising the Commissioner of Public
5 Health on matters relating to (1) statutory and regulatory changes to
6 improve health care through access to school-based health centers and
7 expanded school health sites, (2) minimum standards for the provision
8 of services in school-based health centers and expanded school health
9 sites to ensure that high quality health care services are provided in
10 school-based health centers and expanded school health sites, as such
11 terms are defined in section 19a-6r, and (3) other topics of relevance to
12 the school-based health centers and expanded school sites, as

13 requested by the commissioner.

14 (b) The committee shall be composed of the following members:

15 (1) One appointed by the speaker of the House of Representatives,
16 who shall be a family advocate or a parent whose child utilizes school-
17 based health center services;

18 (2) One appointed by the president pro tempore of the Senate, who
19 shall be a school nurse;

20 (3) One appointed by the majority leader of the House of
21 Representatives, who shall be a representative of a school-based health
22 center that is sponsored by a community health center;

23 (4) One appointed by the majority leader of the Senate, who shall be
24 a representative of a school-based health center that is sponsored by a
25 nonprofit health care agency;

26 (5) One appointed by the minority leader of the House of
27 Representatives, who shall be a representative of a school-based health
28 center that is sponsored by a school or school system;

29 (6) One appointed by the minority leader of the Senate, who shall be
30 a representative of a school-based health center that does not receive
31 state funds;

32 (7) Two appointed by the Governor, one each of whom shall be a
33 representative of the Connecticut Chapter of the American Academy
34 of Pediatrics and a representative of a school-based health center that
35 is sponsored by a hospital;

36 (8) Three appointed by the Commissioner of Public Health, one of
37 whom shall be a representative of a school-based health center that is
38 sponsored by a local health department, one of whom shall be from a
39 municipality that has a population of at least fifty thousand but less
40 than one hundred thousand and that operates a school-based health
41 center and one of whom shall be from a municipality that has a

42 population of at least one hundred thousand and that operates a
43 school-based health center;

44 (9) The Commissioner of Public Health, or the commissioner's
45 designee;

46 (10) The Commissioner of Social Services, or the commissioner's
47 designee;

48 (11) The Commissioner of Mental Health and Addiction Services, or
49 the commissioner's designee;

50 (12) The Commissioner of Education, or the commissioner's
51 designee;

52 (13) The Commissioner of Children and Families, or the
53 commissioner's designee;

54 (14) The executive director of the Commission on Women, Children
55 and Seniors, or the executive director's designee; and

56 (15) Three school-based health center providers, one of whom shall
57 be the executive director of the Connecticut Association of School-
58 Based Health Centers and two of whom shall be appointed by the
59 board of directors of the Connecticut Association of School-Based
60 Health Centers.

61 (c) Any appointment that is vacant for one year or more shall be
62 made by the Commissioner of Public Health. The Commissioner of
63 Public Health shall notify the appointing authority of the
64 commissioner's choice of member for appointment not less than thirty
65 days before making such appointment.

66 [(c)] (d) The committee shall meet not less than quarterly. On or
67 before January 1, [2014] 2020, and [annually] biennially thereafter, the
68 committee shall report, in accordance with the provisions of section 11-
69 4a, on its activities to the joint standing committees of the General
70 Assembly having cognizance of matters relating to public health and

71 education.

72 [(d)] (e) Administrative support for the activities of the committee
73 may be provided by the Department of Public Health.

74 Sec. 2. Subsection (n) of section 22a-478 of the general statutes is
75 repealed and the following is substituted in lieu thereof (*Effective July*
76 *1, 2019*):

77 (n) Notwithstanding any provision of sections 22a-475 to 22a-483,
78 inclusive, [to the contrary,] the Commissioner of Public Health may
79 make a project loan or loans in accordance with the provisions of
80 subsection (j) of this section with respect to an eligible drinking water
81 project without regard to the priority list of eligible drinking water
82 projects if [a public drinking water supply] an emergency exists,
83 [pursuant to section 25-32b] including, but not limited to, an
84 unanticipated infrastructure failure, a contamination of water or a
85 shortage of water, which requires that the eligible drinking water
86 project be immediately undertaken to protect the public health and
87 safety.

88 Sec. 3. Subdivision (4) of section 19a-36g of the general statutes is
89 repealed and the following is substituted in lieu thereof (*Effective July*
90 *1, 2019*):

91 (4) "Class 2 food establishment" means a retail food establishment
92 that does not serve a population that is highly susceptible to food-
93 borne illnesses and offers a limited menu of food that is prepared [,] or
94 cooked and served immediately, or that prepares [and] or cooks food
95 that is time or temperature controlled for safety and may require hot or
96 cold holding, but that does not involve cooling;

97 Sec. 4. Section 19a-36l of the general statutes is repealed and the
98 following is substituted in lieu thereof (*Effective July 1, 2019*):

99 The owner or operator of a food establishment aggrieved by an
100 order to correct any inspection violations identified by the food
101 inspector or to hold, destroy or dispose of unsafe food may appeal

102 such order to the director of health not later than forty-eight hours
103 after issuance of such order. The director of health shall review the
104 request for an appeal and, upon conclusion of the review, may vacate,
105 modify or affirm such order. If affirmed by the director of health, the
106 corrective actions specified by the food inspector shall be so ordered
107 by the director of health. An owner or operator of a food [service]
108 establishment who is aggrieved by the affirmation or modification of
109 an order by the director of health, including, but not limited to, an
110 order to suspend the permit or license to operate the food [service]
111 establishment, may appeal to the department pursuant to section 19a-
112 229. During such appeal, the order shall remain in effect unless the
113 commissioner orders otherwise.

114 Sec. 5. Subsections (b) and (c) of section 19a-493 of the general
115 statutes are repealed and the following is substituted in lieu thereof
116 (*Effective July 1, 2019*):

117 (b) (1) A nursing home license may be renewed biennially after (A)
118 an unscheduled inspection conducted by the department, (B)
119 submission of the information required by section 19a-491a, and (C)
120 submission of evidence satisfactory to the department that the nursing
121 home is in compliance with the provisions of this chapter, the Public
122 Health Code and licensing regulations.

123 (2) Any change in the ownership of a facility or institution, as
124 defined in subsection [(c)] (a) of section 19a-490, owned by an
125 individual, partnership or association or the change in ownership or
126 beneficial ownership of ten per cent or more of the stock of a
127 corporation which owns, conducts, operates or maintains such facility
128 or institution, shall be subject to prior approval of the department after
129 a scheduled inspection of such facility or institution is conducted by
130 the department, provided such approval shall be conditioned upon a
131 showing by such facility or institution to the commissioner that it has
132 complied with all requirements of this chapter, the regulations relating
133 to licensure and all applicable requirements of the Public Health Code.
134 Any such change in ownership or beneficial ownership resulting in a

135 transfer to a person related by blood or marriage to such an owner or
136 beneficial owner shall not be subject to prior approval of the
137 department unless: (A) Ownership or beneficial ownership of ten per
138 cent or more of the stock of a corporation, partnership or association
139 which owns, conducts, operates or maintains more than one facility or
140 institution is transferred; (B) ownership or beneficial ownership is
141 transferred in more than one facility or institution; or (C) the facility or
142 institution is the subject of a pending complaint, investigation or
143 licensure action. If the facility or institution is not in compliance, the
144 commissioner may require the new owner to sign a consent order
145 providing reasonable assurances that the violations shall be corrected
146 within a specified period of time. Notice of any such proposed change
147 of ownership shall be given to the department at least [ninety] one
148 hundred twenty days prior to the effective date of such proposed
149 change. For the purposes of this subdivision, "a person related by
150 blood or marriage" means a parent, spouse, child, brother, sister, aunt,
151 uncle, niece or nephew. For the purposes of this subdivision, a change
152 in the legal form of the ownership entity, including, but not limited to,
153 changes from a corporation to a limited liability company, a
154 partnership to a limited liability partnership, a sole proprietorship to a
155 corporation and similar changes, shall not be considered a change of
156 ownership if the beneficial ownership remains unchanged and the
157 owner provides such information regarding the change to the
158 department as may be required by the department in order to properly
159 identify the current status of ownership and beneficial ownership of
160 the facility or institution. For the purposes of this subdivision, a public
161 offering of the stock of any corporation that owns, conducts, operates
162 or maintains any such facility or institution shall not be considered a
163 change in ownership or beneficial ownership of such facility or
164 institution if the licensee and the officers and directors of such
165 corporation remain unchanged, such public offering cannot result in
166 an individual or entity owning ten per cent or more of the stock of
167 such corporation, and the owner provides such information to the
168 department as may be required by the department in order to properly
169 identify the current status of ownership and beneficial ownership of

170 the facility or institution.

171 (c) (1) A multicare institution may, under the terms of its existing
172 license, provide behavioral health services or substance use disorder
173 treatment services on the premises of more than one facility, at a
174 satellite unit or at another location outside of its facilities or satellite
175 units that is acceptable to the patient receiving services and is
176 consistent with the patient's assessment and treatment plan.

177 (2) Any multicare institution that intends to offer services at a
178 satellite unit or other location outside of its facilities or satellite units
179 shall submit an application for approval to offer services at such
180 location to the Department of Public Health. Such application shall be
181 submitted on a form and in the manner prescribed by the
182 Commissioner of Public Health. Not later than forty-five days after
183 receipt of such application, the commissioner shall notify the multicare
184 institution of the approval or denial of such application. If the satellite
185 unit or other location is approved, that satellite unit or location shall be
186 deemed to be licensed in accordance with this section and shall comply
187 with the applicable requirements of this chapter and regulations
188 adopted under this chapter.

189 (3) A multicare institution that is a hospital providing outpatient
190 behavioral health services or other health care services shall provide
191 the Department of Public Health with a list of satellite units or
192 locations when completing the initial or renewal licensure application.

193 [(3)] (4) The Commissioner of Public Health may adopt regulations,
194 in accordance with the provisions of chapter 54, to carry out the
195 provisions of this subsection. The Commissioner of Public Health may
196 implement policies and procedures necessary to administer the
197 provisions of this subsection while in the process of adopting such
198 policies and procedures as regulation, provided the commissioner
199 prints notice of intent to adopt regulations in the Connecticut Law
200 Journal not later than twenty days after the date of implementation.
201 Policies and procedures implemented pursuant to this section shall be
202 valid until the time final regulations are adopted.

203 Sec. 6. Subsection (n) of section 19a-490 of the general statutes is
204 repealed and the following is substituted in lieu thereof (*Effective July*
205 *1, 2019*):

206 (n) "Multicare institution" means a hospital that provides outpatient
207 behavioral health services or other health care services, psychiatric
208 outpatient clinic for adults, free-standing facility for the care or
209 treatment of substance abusive or dependent persons, hospital for
210 psychiatric disabilities, as defined in section 17a-495, or a general acute
211 care hospital that provides outpatient behavioral health services that
212 (1) is licensed in accordance with this chapter, (2) has more than one
213 facility or one or more satellite units owned and operated by a single
214 licensee, and (3) offers complex patient health care services at each
215 facility or satellite unit. For purposes of this subsection, "satellite unit"
216 means a location where a segregated unit of services is provided by the
217 multicare institution;

218 Sec. 7. Subsection (f) of section 19a-17 of the general statutes is
219 repealed and the following is substituted in lieu thereof (*Effective July*
220 *1, 2019*):

221 (f) Such board or commission or the department may take
222 disciplinary action against a practitioner's license or permit as a result
223 of the practitioner having been subject to disciplinary action similar to
224 an action specified in subsection (a) or (d) of this section by a duly
225 authorized professional disciplinary agency of any state, the federal
226 government, the District of Columbia, a United States possession or
227 territory or a foreign jurisdiction. Such board or commission or the
228 department may rely upon the findings and conclusions made by a
229 duly authorized professional disciplinary agency of any state, the
230 federal government, the District of Columbia, a United States
231 possession or territory or foreign jurisdiction in taking such
232 disciplinary action.

233 Sec. 8. Section 17b-274a of the general statutes is repealed and the
234 following is substituted in lieu thereof (*Effective July 1, 2019*):

235 The Commissioner of Social Services may establish maximum
236 allowable costs to be paid under the Medicaid [and Connecticut AIDS
237 drug assistance programs] program for generic prescription drugs
238 based on, but not limited to, actual acquisition costs. The department
239 shall implement and maintain a procedure to review and update the
240 maximum allowable cost list at least annually, and shall report
241 annually to the joint standing committee of the General Assembly
242 having cognizance of matters relating to appropriations and the
243 budgets of state agencies on its activities pursuant to this section.

244 Sec. 9. Subsection (a) of section 17b-274c of the general statutes is
245 repealed and the following is substituted in lieu thereof (*Effective July*
246 *1, 2019*):

247 (a) The Commissioner of Social Services may establish a voluntary
248 mail order option for any maintenance prescription drug covered
249 under the Medicaid [or Connecticut AIDS drug assistance programs]
250 program.

251 Sec. 10. Section 17b-274e of the general statutes is repealed and the
252 following is substituted in lieu thereof (*Effective July 1, 2019*):

253 A pharmacist, when filling a prescription under the Medicaid [or
254 Connecticut AIDS drug assistance programs] program, shall fill such
255 prescription utilizing the most cost-efficient dosage, consistent with
256 the prescription of a prescribing practitioner as defined in section 20-
257 571, unless such pharmacist receives permission to do otherwise
258 pursuant to the prior authorization requirements set forth in sections
259 17b-274 and 17b-491a.

260 Sec. 11. Subsection (a) of section 17b-491c of the general statutes is
261 repealed and the following is substituted in lieu thereof (*Effective July*
262 *1, 2019*):

263 (a) On and after February 1, 2008, any pharmaceutical manufacturer
264 of a prescription drug covered by the Department of Social Services
265 under [the Connecticut AIDS drug assistance program or] a state

266 medical assistance program administered by the department that is a
267 federally qualified state pharmacy assistance program shall provide
268 rebates to the department for prescription drugs paid for by the
269 department under such program in unit rebate amounts equal to the
270 unit rebate amounts paid under the Medicaid program.

271 Sec. 12. Section 19a-127r of the general statutes is repealed and the
272 following is substituted in lieu thereof (*Effective July 1, 2019*):

273 (a) [Notwithstanding the provisions of sections 17b-256, 17b-274a,
274 17b-274c, 17b-274e and 17b-491c, the] The Department of Public Health
275 may, within available resources, administer the Connecticut [Aids]
276 AIDS drug assistance program and Connecticut Insurance Premium
277 Assistance Program. The department may implement policies and
278 procedures necessary to administer the provisions of this section while
279 in the process of adopting such policies and procedures as regulations,
280 provided the department posts such policies and procedures on the
281 eRegulations System prior to adopting them. Policies and procedures
282 implemented pursuant to this section shall be valid until regulations
283 are adopted in accordance with chapter 54.

284 (b) [Notwithstanding the provisions of sections 17b-256, 17b-274a,
285 17b-274c, 17b-274e and 17b-491c, all] All rebates and refunds from the
286 Connecticut AIDS drug assistance program and Connecticut Insurance
287 Premium Assistance Program shall be paid to the Department of
288 Public Health.

289 (c) Applicants for and recipients of benefits under the provisions of
290 this section shall enroll in or demonstrate ineligibility for Medicare
291 Part D.

292 (d) The Commissioner of Public Health may pay the premium and
293 coinsurance costs of Medicare Part D coverage for eligible applicants
294 or recipients.

295 Sec. 13. Subsection (c) of section 19a-14b of the general statutes is
296 repealed and the following is substituted in lieu thereof (*Effective July*

297 1, 2019):

298 (c) The Department of Public Health [shall] may adopt regulations,
299 in accordance with chapter 54, concerning radon in drinking water that
300 are consistent with the provisions contained in 40 CFR 141 and 142.

301 Sec. 14. Section 19a-37b of the general statutes is repealed and the
302 following is substituted in lieu thereof (*Effective July 1, 2019*):

303 The Department of Public Health [shall] may adopt regulations
304 pursuant to chapter 54 to establish radon measurement requirements
305 and procedures for evaluating radon in indoor air and reducing
306 elevated radon gas levels when detected in public schools.

307 Sec. 15. Section 19a-495a of the general statutes is repealed and the
308 following is substituted in lieu thereof (*Effective July 1, 2019*):

309 (a) (1) The Commissioner of Public Health [shall] may adopt
310 regulations, as provided in subsection (d) of this section, to require
311 each residential care home, as defined in section 19a-490, as amended
312 by this act, that admits residents requiring assistance with medication
313 administration, to (A) designate unlicensed personnel to obtain
314 certification for the administration of medication, and (B) ensure that
315 such unlicensed personnel receive such certification and recertification
316 every three years thereafter.

317 (2) [The] Any regulations adopted pursuant to this subsection shall
318 establish criteria to be used by such homes in determining (A) the
319 appropriate number of unlicensed personnel who shall obtain such
320 certification and recertification, and (B) training requirements,
321 including ongoing training requirements for such certification and
322 recertification.

323 (3) Training requirements for initial certification and recertification
324 shall include, but shall not be limited to: Initial orientation, resident
325 rights, identification of the types of medication that may be
326 administered by unlicensed personnel, behavioral management,
327 personal care, nutrition and food safety, and health and safety in

328 general.

329 (b) Each residential care home, as defined in section 19a-490, as
330 amended by this act, shall ensure that an appropriate number of
331 unlicensed personnel, as determined by the residential care home,
332 obtain certification and recertification for the administration of
333 medication. Certification and recertification of such personnel shall be
334 in accordance with any regulations adopted pursuant to this section,
335 except any personnel who obtained certification in the administration
336 of medication on or before June 30, 2015, shall obtain recertification on
337 or before July 1, 2018. Unlicensed personnel obtaining such
338 certification and recertification may administer medications that are
339 not administered by injection to residents of such homes, unless a
340 resident's physician specifies that a medication only be administered
341 by licensed personnel.

342 (c) On and after October 1, 2007, unlicensed assistive personnel
343 employed in residential care homes, as defined in section 19a-490, as
344 amended by this act, may (1) obtain and document residents' blood
345 pressures and temperatures with digital medical instruments that (A)
346 contain internal decision-making electronics, microcomputers or
347 special software that allow the instruments to interpret physiologic
348 signals, and (B) do not require the user to employ any discretion or
349 judgment in their use; (2) obtain and document residents' weight; and
350 (3) assist residents in the use of glucose monitors to obtain and
351 document their blood glucose levels.

352 (d) The Commissioner of Public Health [may] shall implement
353 policies and procedures necessary to administer the provisions of this
354 section while in the process of adopting such policies and procedures
355 as regulation, provided the commissioner prints notice of intent to
356 adopt regulations in the Connecticut Law Journal not later than twenty
357 days after the date of implementation. Policies and procedures
358 implemented pursuant to this section shall be valid until the time final
359 regulations are adopted.

360 Sec. 16. Section 19a-562b of the general statutes is repealed and the

361 following is substituted in lieu thereof (*Effective July 1, 2019*):

362 Each home health agency, residential care home and assisted living
363 services agency, as those terms are defined in section 19a-490, as
364 amended by this act, and each licensed hospice care organization
365 operating pursuant to section 19a-122b shall provide training and
366 education on Alzheimer's disease and dementia symptoms and care to
367 all staff providing direct care upon employment and annually
368 thereafter. The Commissioner of Public Health [shall] may adopt
369 regulations, in accordance with the provisions of chapter 54, to
370 implement the provisions of this section.

371 Sec. 17. Section 19a-902 of the general statutes is repealed and the
372 following is substituted in lieu thereof (*Effective July 1, 2019*):

373 On or before January 1, 2011, the Department of Public Health, in
374 consultation with the Department of Mental Health and Addiction
375 Services, [shall] may (1) amend the department's substance abuse
376 treatment regulations; (2) implement a dual licensure program for
377 behavioral health care providers who provide both mental health
378 services and substance abuse services; [and] or (3) permit the use of
379 saliva-based drug screening or urinalysis when conducting initial and
380 subsequent drug screenings of persons who abuse substances other
381 than alcohol at facilities which are licensed by the Department of
382 Public Health.

383 Sec. 18. Subdivision (2) of subsection (b) of section 20-262 of the
384 general statutes is repealed and the following is substituted in lieu
385 thereof (*Effective July 1, 2019*):

386 (2) The Commissioner of Public Health, in consultation with the
387 Connecticut Examining Board for Barbers, Hairdressers and
388 Cosmeticians, shall adopt [regulations, in accordance with the
389 provisions of chapter 54, to prescribe minimum curriculum
390 requirements for hairdressing and cosmetology schools. The
391 commissioner, in consultation with said board, may adopt] a
392 curriculum and procedures for the approval of hairdressing and

393 cosmetology schools. [provided the commissioner prints notice of
394 intent to adopt regulations concerning the adoption of a curriculum
395 and procedures for the approval of hairdressing and cosmetology
396 schools in the Connecticut Law Journal not later than thirty days after
397 the date of implementation of such curriculum and such procedures.
398 The curriculum and procedures implemented pursuant to this section
399 shall be valid until such time final regulations are adopted.] The
400 commissioner shall post such curriculum on the Department of Public
401 Health's Internet web site.

402 Sec. 19. Subdivisions (10) to (13), inclusive, of section 19a-177 of the
403 general statutes are repealed and the following is substituted in lieu
404 thereof (*Effective July 1, 2019*):

405 [(10) Research, develop, track and report on appropriate
406 quantifiable outcome measures for the state's emergency medical
407 service system and submit to the joint standing committee of the
408 General Assembly having cognizance of matters relating to public
409 health, in accordance with the provisions of section 11-4a, on or before
410 July 1, 2002, and annually thereafter, a report on the progress toward
411 the development of such outcome measures and, after such outcome
412 measures are developed, an analysis of emergency medical services
413 system outcomes;]

414 [(11)] (10) Establish primary service areas and assign in writing a
415 primary service area responder for each primary service area. Each
416 state-owned campus having an acute care hospital on the premises
417 shall be designated as the primary service area responder for that
418 campus;

419 [(12)] (11) Revoke primary service area assignments upon
420 determination by the commissioner that it is in the best interests of
421 patient care to do so; and

422 [(13)] (12) Annually issue a list of minimum equipment
423 requirements for ambulances and rescue vehicles based upon current
424 national standards. The commissioner shall distribute such list to all

425 emergency medical service organizations and sponsor hospital medical
426 directors and make such list available to other interested stakeholders.
427 Emergency medical service organizations shall have one year from the
428 date of issuance of such list to comply with the minimum equipment
429 requirements.

430 Sec. 20. Subdivision (1) of subsection (g) of section 4-67x of the
431 general statutes is repealed and the following is substituted in lieu
432 thereof (*Effective July 1, 2019*):

433 (g) (1) On or before November first of each year from 2006 to 2014,
434 inclusive, each budgeted state agency with membership on the council
435 that provides prevention services to children shall, within available
436 appropriations, report to the council in accordance with this
437 subsection. [On or before November first of each year from 2015 to
438 2020, inclusive, each budgeted state agency that provides prevention
439 services to children shall, within available appropriations, report to the
440 joint standing committees of the General Assembly having cognizance
441 of matters related to appropriations, human services and children in
442 accordance with this subsection.]

443 Sec. 21. Subsection (a) of section 19a-6q of the general statutes is
444 repealed and the following is substituted in lieu thereof (*Effective July*
445 *1, 2019*):

446 (a) The Commissioner of Public Health, in consultation with the
447 executive director of the Office of Health Strategy, established under
448 section 19a-754a, and local and regional health departments, shall,
449 within available resources, develop a plan that is consistent with the
450 Department of Public Health's Healthy Connecticut 2020 health
451 improvement plan and the state healthcare innovation plan developed
452 pursuant to the State Innovation Model Initiative by the Centers for
453 Medicare and Medicaid Services Innovation Center. The commissioner
454 shall develop and implement such plan to: (1) Reduce the incidence of
455 [chronic disease, including, but not limited to, chronic cardiovascular
456 disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis
457 or another chronic metabolic disease and the effects of behavioral

458 health disorders] tobacco use, high blood pressure, health care
459 associated infections, asthma, unintended pregnancy and diabetes; (2)
460 improve chronic disease care coordination in the state; and (3) reduce
461 the incidence and effects of chronic disease and improve outcomes for
462 conditions associated with chronic disease in the state.

463 Sec. 22. Subsections (a) and (b) of section 19a-37 of the general
464 statutes are repealed and the following are substituted in lieu thereof
465 (*Effective July 1, 2019*):

466 (a) As used in this section:

467 (1) "Laboratory or firm" means an environmental laboratory
468 registered by the Department of Public Health pursuant to section 19a-
469 29a;

470 (2) "Private well" means a water supply well that meets all of the
471 following criteria: (A) Is not a public well; (B) supplies a residential
472 population of less than twenty-five persons per day; and (C) is owned
473 or controlled through an easement or by the same entity that owns or
474 controls the building or parcel that is served by the water supply;

475 (3) "Public well" means a water supply well that supplies a public
476 water system;

477 (4) "Well for semipublic use" means a water supply well that (A)
478 does not meet the definition of a private well or public well, and (B)
479 provides water for drinking and other domestic purposes; and

480 (5) "Water supply well" means an artificial excavation constructed
481 by any method for the purpose of [getting] obtaining or providing
482 water for drinking or other domestic, industrial, commercial,
483 agricultural, recreational or irrigation use, or other outdoor water use.

484 (b) The Commissioner of Public Health may adopt regulations in the
485 Public Health Code for the preservation of the public health pertaining
486 to (1) protection and location of new water supply wells or springs for
487 residential or nonresidential construction or for public or semipublic

488 use, and (2) inspection for compliance with the provisions of municipal
489 regulations adopted pursuant to section 22a-354p.

490 Sec. 23. Subsection (a) of section 19a-36h of the general statutes is
491 repealed and the following is substituted in lieu thereof (*Effective July*
492 *1, 2019*):

493 (a) Not later than January 1, [2019] 2020, the commissioner shall
494 adopt and administer by reference the United States Food and Drug
495 Administration's Food Code, as amended from time to time, and any
496 Food Code Supplement published by said administration as the state's
497 food code for the purpose of regulating food establishments.

498 Sec. 24. Subsection (b) of section 17a-101 of the general statutes is
499 repealed and the following is substituted in lieu thereof (*Effective July*
500 *1, 2019*):

501 (b) The following persons shall be mandated reporters: (1) Any
502 physician or surgeon licensed under the provisions of chapter 370, (2)
503 any resident physician or intern in any hospital in this state, whether
504 or not so licensed, (3) any registered nurse, (4) any licensed practical
505 nurse, (5) any medical examiner, (6) any dentist, (7) any dental
506 hygienist, (8) any psychologist, (9) any school employee, as defined in
507 section 53a-65, (10) any social worker, (11) any person who holds or is
508 issued a coaching permit by the State Board of Education, is a coach of
509 intramural or interscholastic athletics and is eighteen years of age or
510 older, (12) any individual who is employed as a coach or director of
511 youth athletics and is eighteen years of age or older, (13) any
512 individual who is employed as a coach or director of a private youth
513 sports organization, league or team and is eighteen years of age or
514 older, (14) any paid administrator, faculty, staff, athletic director,
515 athletic coach or athletic trainer employed by a public or private
516 institution of higher education who is eighteen years of age or older,
517 excluding student employees, (15) any police officer, (16) any juvenile
518 or adult probation officer, (17) any juvenile or adult parole officer, (18)
519 any member of the clergy, (19) any pharmacist, (20) any physical
520 therapist, (21) any optometrist, (22) any chiropractor, (23) any

521 podiatrist, (24) any mental health professional, (25) any physician
522 assistant, (26) any person who is a licensed or certified emergency
523 medical services provider, (27) any person who is a licensed or
524 certified alcohol and drug counselor, (28) any person who is a licensed
525 marital and family therapist, (29) any person who is a sexual assault
526 counselor or a domestic violence counselor, as defined in section 52-
527 146k, (30) any person who is a licensed professional counselor, (31) any
528 person who is a licensed foster parent, (32) any person paid to care for
529 a child in any public or private facility, child care center, group child
530 care home or family child care home licensed by the state, (33) any
531 employee of the Department of Children and Families, (34) [any
532 employee of the Department of Public Health, (35)] any employee of
533 the Office of Early Childhood who is responsible for the licensing of
534 child care centers, group child care homes, family child care homes or
535 youth camps, [(36)] (35) any paid youth camp director or assistant
536 director, [(37)] (36) the Child Advocate and any employee of the Office
537 of the Child Advocate, [(38)] (37) any person who is a licensed
538 behavior analyst, and [(39)] (38) any family relations counselor, family
539 relations counselor trainee or family services supervisor employed by
540 the Judicial Department.

541 Sec. 25. Section 17a-227a of the general statutes is repealed and the
542 following is substituted in lieu thereof (*Effective July 1, 2019*):

543 (a) The Commissioner of Developmental Services shall require each
544 applicant [for employment in a Department of Developmental Services
545 program that provides direct services to persons with intellectual
546 disability] who has been made an offer of conditional employment by
547 the department to be fingerprinted and submit to state and national
548 criminal history records checks. The criminal history records checks
549 required by this section shall be conducted in accordance with section
550 29-17a. Employment by the department shall be considered
551 conditional until the results of the criminal history records checks are
552 received and reviewed by the department.

553 (b) The commissioner may require providers licensed or funded by

554 the department to provide residential, day or support services to
555 persons with intellectual disability, to require each applicant [for
556 employment] who has been made an offer of conditional employment
557 and will have direct and ongoing contact with persons and families
558 receiving such services to submit to a check of such applicant's state
559 criminal background. If the department requires such providers to
560 have such applicants who have been made an offer of conditional
561 employment submit to such checks, the administrative costs associated
562 with such checks shall be considered an allowable cost on the annual
563 cost report. Employment by a provider licensed or funded by the
564 department shall be considered conditional until the results of the
565 background checks have been received and reviewed by the provider.

566 Sec. 26. Subsection (h) of section 20-206bb of the general statutes is
567 repealed and the following is substituted in lieu thereof (*Effective July*
568 *1, 2019*):

569 (h) Notwithstanding the provisions of subsection (a) of this section,
570 any person who maintains certification with the National Acupuncture
571 Detoxification Association may practice the five-point auricular
572 acupuncture protocol specified as part of such certification program as
573 an adjunct therapy for the treatment of alcohol and drug abuse and
574 other behavioral interventions for which the protocol is indicated,
575 provided the treatment is performed under the supervision of a
576 physician licensed under chapter 370 and is performed in (1) a private
577 freestanding facility licensed by the Department of Public Health that
578 provides care or treatment for substance abusive or dependent
579 persons, (2) a setting operated by the Department of Mental Health
580 and Addiction Services, or (3) any other setting where such protocol is
581 an appropriate adjunct therapy to a substance abuse or behavioral
582 health treatment program. The Commissioner of Public Health [shall]
583 may adopt regulations, in accordance with the provisions of chapter
584 54, [to ensure the safe provision of auricular acupuncture in
585 accordance with] to implement the provisions of this [subsection]
586 section.

587 Sec. 27. Section 7-406 of the general statutes is repealed and the
588 following is substituted in lieu thereof (*Effective July 1, 2019*):

589 The board of finance or other corresponding board in each town, or,
590 if there is no such board, the selectmen, shall annually prepare and
591 have published a town report. Such report shall be available for
592 distribution and shall contain, in addition to reports of town officers or
593 boards required by law to be included, a statement of the amount
594 received by such town under the provisions of part IIa of chapter 240
595 together with an itemized account of the disposition of such amount,
596 and such other matter as the board of finance or other corresponding
597 board deems advisable. Towns with a population of five thousand or
598 less, as computed by the Secretary of the Office of Policy and
599 Management, shall publish their receipts and expenditures and the
600 names of all persons, firms or corporations, other than recipients of
601 support under sections 17b-122, 17b-124 to 17b-132, inclusive, as
602 amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,
603 inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-
604 256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to
605 17b-747, inclusive, receiving money from such towns, together with
606 the total amount of payments in excess of fifty dollars to each, unless
607 such town has a bookkeeping system approved by the secretary setting
608 forth all the receipts and expenditures in detail, in which case it shall
609 not be necessary for the town to publish in its report the names of all
610 persons, firms or corporations receiving money from such towns,
611 together with the total amount of payments in excess of fifty dollars to
612 each.

613 Sec. 28. Section 10a-194a of the general statutes is repealed and the
614 following is substituted in lieu thereof (*Effective July 1, 2019*):

615 The authority shall report the terms and conditions of all financings
616 and refinancings of nursing homes to the Commissioner of Social
617 Services who shall make rate adjustments in accordance with the
618 provisions of sections 17b-122, 17b-124 to 17b-132, inclusive, as
619 amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,

620 inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-
621 256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to
622 17b-747, inclusive.

623 Sec. 29. Subsection (b) of section 17a-600 of the general statutes is
624 repealed and the following is substituted in lieu thereof (*Effective July*
625 *1, 2019*):

626 (b) The expense of confinement, support and treatment of any
627 acquittee committed to the jurisdiction of the board shall be computed
628 and paid for in accordance with the provisions of sections 17a-528, 17b-
629 122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to
630 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,
631 inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-
632 350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

633 Sec. 30. Subsection (b) of section 17b-124 of the general statutes is
634 repealed and the following is substituted in lieu thereof (*Effective July*
635 *1, 2019*):

636 (b) Each person having in his possession or control any property of
637 any person for whom an application has been filed for medical
638 assistance under sections 17b-122, 17b-124 to 17b-132, inclusive, 17b-
639 136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-
640 250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to
641 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, or being
642 indebted to him, or having knowledge of any property or income,
643 including wages, belonging to him, or having knowledge of any other
644 information relevant to such person's eligibility for such assistance,
645 and any officer having control of the books and accounts of any
646 corporation which has possession or control of any property or
647 income, including wages, belonging to any such person, or is indebted
648 to him, or having knowledge of such information, shall, upon
649 presentation by a medical provider or its attorney of a signed
650 certificate stating that an application signed by such person has been
651 made for medical assistance, make full disclosure to such provider as
652 to any such property or income, including wages or indebtedness or

653 such other information relevant to such person's eligibility. Any
654 person who violates any provision of this section shall be fined not
655 more than one hundred dollars and shall pay just damages to the
656 provider injured thereby.

657 Sec. 31. Section 17b-126 of the general statutes is repealed and the
658 following is substituted in lieu thereof (*Effective July 1, 2019*):

659 If any person receiving such aid neglects or refuses to sign such
660 agreement, the selectmen are authorized to file a lien against such
661 property, or against the real property of any legally liable relative of
662 any person receiving aid or support under sections 17b-194, 17b-222 to
663 17b-250, inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340
664 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive, to
665 secure the disbursements of such town made prior to filing such lien
666 and any disbursements thereafter made, and such lien from the time of
667 filing shall have the same force and effect and may be foreclosed in the
668 same manner as any agreement provided for in section 17b-125.

669 Sec. 32. Subsection (c) of section 17b-127 of the general statutes is
670 repealed and the following is substituted in lieu thereof (*Effective July*
671 *1, 2019*):

672 (c) Any person who defrauds the town to obtain any monetary
673 award to which such person is not entitled, assists another person in so
674 defrauding the town or with intent to defraud, or violates any other
675 provision of sections 17b-122, 17b-124 to 17b-132, inclusive, as
676 amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,
677 inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-
678 256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to
679 17b-747, inclusive, shall be subject to the penalties for larceny under
680 sections 53a-122 and 53a-123, depending on the amount involved. Any
681 person convicted of violating this section shall be terminated from
682 participation in the program for a period of at least one year.

683 Sec. 33. Subsection (b) of section 17b-128 of the general statutes is
684 repealed and the following is substituted in lieu thereof (*Effective July*

685 1, 2019):

686 (b) Any town that overpays a person receiving financial assistance
687 under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by
688 this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive,
689 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-
690 263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747,
691 inclusive, shall recover such overpayment from such person's ongoing
692 assistance. The amount of such recovery shall not exceed ten per cent
693 of such person's ongoing benefit in any month.

694 Sec. 34. Section 17b-129 of the general statutes is repealed and the
695 following is substituted in lieu thereof (*Effective July 1, 2019*):

696 (a) If any beneficiary of aid under sections 17b-122, 17b-124 to 17b-
697 132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive,
698 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, as
699 amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350, inclusive,
700 17b-689b and 17b-743 to 17b-747, inclusive, has a cause of action, a
701 town that provided aid to such beneficiary shall have a claim against
702 the proceeds of such cause of action for the amount of such aid or fifty
703 per cent of the proceeds received by such beneficiary after payment of
704 all expenses connected with the cause of action, whichever is less,
705 which shall have priority over all other unsecured claims and
706 unrecorded encumbrances. Such claim shall be a lien, subordinate to
707 any interest the state may possess under section 17b-94, against the
708 proceeds from such cause of action, for the amount established in
709 accordance with this section, and such lien shall have priority over all
710 other claims except attorney's fees for such causes of action, expenses
711 of suit, costs of hospitalization connected with the cause of action by
712 whomever paid, over and above hospital insurance or other such
713 benefits, and, for such period of hospitalization as was not paid for by
714 the town, physician's fees for services during any such period as are
715 connected with the cause of action over and above medical insurance
716 or other such benefits. Where the state also has a claim against the
717 proceeds of such cause of action under section 17b-94, the total amount

718 of the claims by the state under said section and the town under this
719 subsection shall not exceed fifty per cent of the proceeds received by
720 the recipient after the allowable expenses and the town's claim shall be
721 reduced accordingly. The proceeds of such causes of action shall be
722 assignable to the town for payment of such lien irrespective of any
723 other provision of law except section 17b-94. Upon presentation to the
724 attorney for the beneficiary of an assignment of such proceeds
725 executed by the beneficiary or his conservator or guardian, such
726 assignment shall constitute an irrevocable direction to the attorney to
727 pay the town in accordance with its terms.

728 (b) In the case of an inheritance of an estate by a beneficiary of aid
729 under sections 17b-122, 17b-124 to 17b-132, inclusive, as amended by
730 this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive,
731 17b-222 to 17b-250, inclusive, as amended by this act, [17b-256,] 17b-
732 263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-747,
733 inclusive, fifty per cent of the assets of the estate payable to the
734 beneficiary or the amount of such assets equal to the amount of
735 assistance paid, whichever is less, shall be assignable to the town.
736 Where the state also has an assignment of such assets under section
737 17b-94, the total amount of the claims of the state under said section
738 and the town under this subsection shall not exceed fifty per cent of
739 the assets of the estate payable to the beneficiary and the town's
740 assigned share shall be reduced accordingly. The Court of Probate
741 shall accept any such assignment executed by the beneficiary and filed
742 by the town with the court prior to the distribution of such inheritance,
743 and to the extent of such inheritance not already distributed, the court
744 shall order distribution in accordance therewith. If the town receives
745 any assets of an estate pursuant to any such assignment, the town shall
746 be subject to the same duties and liabilities concerning such assigned
747 assets as the beneficiary.

748 (c) No claim shall be made, or lien applied, against any payment
749 made pursuant to chapter 135, any payment made pursuant to section
750 47-88d or 47-287, any moneys received as a settlement or award in a
751 housing or employment or public accommodation discrimination case,

752 any court-ordered retroactive rent abatement, including any made
753 pursuant to subsection (e) of section 47a-14h, or section 47a-4a, 47a-5 or
754 47a-57, or any security deposit refund pursuant to subsection (d) of
755 section 47a-21 paid to a beneficiary of assistance under sections 17b-
756 122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136 to
757 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,
758 inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-
759 350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

760 Sec. 35. Section 17b-250 of the general statutes is repealed and the
761 following is substituted in lieu thereof (*Effective July 1, 2019*):

762 When any person has been transferred from the Connecticut
763 Correctional Institution, Somers, the York Correctional Institution, or
764 its maximum security division, the John R. Manson Youth Institution,
765 Cheshire, or a community correctional center to a state hospital, such
766 person's hospital expense prior to the termination of his sentence shall
767 be charged to the state. If any person, transferred from a correctional
768 institution or community correction center is committed to or
769 otherwise remains in a state hospital after the expiration of his
770 sentence, such person's hospital expense shall be paid to the state in
771 the manner provided for payment in sections 17b-122, 17b-124 to 17b-
772 132, inclusive, as amended by this act, 17b-136 to 17b-138, inclusive,
773 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive, [17b-256,]
774 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b and 17b-743 to 17b-
775 747, inclusive.

776 Sec. 36. Section 17b-280a of the general statutes is repealed and the
777 following is substituted in lieu thereof (*Effective July 1, 2019*):

778 No payment shall be made under a medical assistance program
779 administered by the Department of Social Services for over-the-counter
780 medications, except for (1) [the medical assistance program established
781 pursuant to section 17b-256, (2)] insulin and insulin syringes, [(3)] (2)
782 nutritional supplements for individuals who are required to be tube
783 fed or who cannot safely ingest nutrition in any other form, and as
784 may be required by federal law, [(4)] (3) smoking cessation

785 medications as provided in section 17b-278a, [(5)] (4) over-the-counter
786 medications and products determined by the Commissioner of Social
787 Services to be appropriate for coverage based on their clinical efficacy,
788 safety and cost effectiveness, and [(6)] (5) over-the-counter medications
789 that are required to be covered pursuant to 42 CFR 440.347, including
790 medications for individuals with specified diagnoses that have a rating
791 of "A" or "B" in the current recommendations of the United States
792 Preventive Services Task Force, provided the Department of Social
793 Services may also pay for such over-the-counter medications under a
794 medical assistance program or portion thereof that is not subject to 42
795 CFR 440.347.

796 Sec. 37. Section 18-87 of the general statutes is repealed and the
797 following is substituted in lieu thereof (*Effective July 1, 2019*):

798 The Commissioner of Correction may transfer any inmate of any of
799 the institutions of the Department of Correction to any other
800 appropriate state institution with the concurrence of the
801 superintendent of such institution or to the Court Support Services
802 Division of the Judicial Branch when the Commissioner of Correction
803 finds that the welfare or health of the inmate requires it. When an
804 inmate, after the expiration of his or her sentence, is committed to or
805 otherwise remains in the institution to which he or she was
806 transferred, the expense of his or her treatment and support shall be
807 paid as provided by sections 17b-122, 17b-124 to 17b-132, inclusive, as
808 amended by this act, 17b-136 to 17b-138, inclusive, 17b-194 to 17b-197,
809 inclusive, 17b-222 to 17b-250, inclusive, as amended by this act, [17b-
810 256,] 17b-263, 17b-340 to 17b-350, inclusive, 17b-689b, and 17b-743 to
811 17b-747, inclusive. No transfer of any person who has attained the age
812 of eighteen years shall be made to the Court Support Services Division
813 of the Judicial Branch. No transfer of any person who has not attained
814 the age of eighteen years shall be made to the Court Support Services
815 Division of the Judicial Branch unless the executive director of the
816 Court Support Services Division of the Judicial Branch finds that such
817 person would benefit from a transfer to the Court Support Services
818 Division of the Judicial Branch and agrees to accept such person and

819 such person has given such person's written consent to such transfer.
820 Such person transferred to the Court Support Services Division of the
821 Judicial Branch shall be deemed to be committed to the custody of the
822 executive director of the Court Support Services Division of the
823 Judicial Branch. The executive director of the Court Support Services
824 Division of the Judicial Branch shall have the power to terminate the
825 commitment and release such person at any time the executive director
826 of the Court Support Services Division of the Judicial Branch
827 determines such termination and release would be in such person's
828 best interest, and shall have the power to return such person to the
829 jurisdiction of the Commissioner of Correction. The transfer of any
830 person under this section to the [the] Court Support Services Division
831 of the Judicial Branch shall not result in the person so transferred being
832 in the custody of the Commissioner of Correction and the executive
833 director of the Court Support Services Division of the Judicial Branch
834 for a total of less than the minimum or more than the maximum term
835 such person would have been in the custody of the Commissioner of
836 Correction had such person not been so transferred.

837 Sec. 38. Subsection (f) of section 52-57 of the general statutes is
838 repealed and the following is substituted in lieu thereof (*Effective July*
839 *1, 2019*):

840 (f) When the other methods of service of process provided under
841 this section or otherwise provided by law cannot be effected, in actions
842 concerning the establishment, enforcement or modification of child
843 support orders other than actions for dissolution of marriage,
844 including, but not limited to, such actions under sections 17b-122, 17b-
845 124 to 17b-132, inclusive, as amended by this act, 17b-136 to 17b-138,
846 inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250, inclusive,
847 as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-350,
848 inclusive, 17b-689b, 17b-743 to 17b-747, inclusive, and 46b-301 to 46b-
849 425, inclusive, and chapters 815, 815p, 815t, 815y and 816, and actions
850 to implement garnishments for support under section 52-362, service
851 of process may be made upon a party to the action by one of the
852 following methods, provided proof of receipt of such process by such

853 party is presented to the court in accordance with rules promulgated
854 by the judges of the Superior Court:

855 (1) By certified mail to a party to the action addressed to the
856 employer of such party. Any service of process so sent shall include on
857 the outside envelope the words "To be delivered to the employee in
858 accordance with subsection (f) of section 52-57". The employer shall
859 accept any such service of process sent by certified mail and promptly
860 deliver such certified mail to the employee; or

861 (2) When a party to an action under this subsection is employed by
862 an employer with fifteen or more employees, by personal service upon
863 an official of the employer designated as an agent to accept service of
864 process in actions brought under this subsection. Each employer with
865 fifteen or more employees doing business in this state shall designate
866 an official to accept service of process for employees who are parties to
867 such actions. The person so served shall promptly deliver such process
868 to the employee.

869 Sec. 39. Subsection (n) of section 54-56d of the general statutes is
870 repealed and the following is substituted in lieu thereof (*Effective July*
871 *1, 2019*):

872 (n) The cost of the examination effected by the Commissioner of
873 Mental Health and Addiction Services and of testimony of persons
874 conducting the examination effected by the commissioner shall be paid
875 by the Department of Mental Health and Addiction Services. The cost
876 of the examination and testimony by physicians appointed by the
877 court shall be paid by the Judicial Department. If the defendant is
878 indigent, the fee of the person selected by the defendant to observe the
879 examination and to testify on the defendant's behalf shall be paid by
880 the Public Defender Services Commission. The expense of treating a
881 defendant placed in the custody of the Commissioner of Mental Health
882 and Addiction Services, the Commissioner of Children and Families or
883 the Commissioner of Developmental Services pursuant to subdivision
884 (2) of subsection (h) of this section or subsection (i) of this section shall
885 be computed and paid for in the same manner as is provided for

886 persons committed by a probate court under the provisions of sections
887 17b-122, 17b-124 to 17b-132, inclusive, as amended by this act, 17b-136
888 to 17b-138, inclusive, 17b-194 to 17b-197, inclusive, 17b-222 to 17b-250,
889 inclusive, as amended by this act, [17b-256,] 17b-263, 17b-340 to 17b-
890 350, inclusive, 17b-689b and 17b-743 to 17b-747, inclusive.

891 Sec. 40. Section 19a-490a of the general statutes is repealed and the
892 following is substituted in lieu thereof (*Effective July 1, 2019*):

893 As used in sections 17b-349, [19a-7b,] 19a-7e and 19a-59b,
894 "community health center" means a public or nonprofit private
895 medical care facility which (1) is not part of a hospital and is organized
896 and operated to provide comprehensive primary care services; (2) is
897 located in an area which has a demonstrated need for services based
898 on geographic, demographic and economic factors; (3) serves low
899 income, uninsured, minority and elderly persons; (4) makes its services
900 available to individuals regardless of their ability to pay; (5) employs a
901 charge schedule with a discount based on income; (6) provides, on an
902 ongoing basis, primary health services by physicians and, where
903 appropriate, midlevel practitioners, diagnostic laboratory and x-ray
904 services, preventive health services and patient care case management;
905 (7) provides for needed pharmacy services either on-site or through
906 firm arrangement; (8) has at least one-half of the full-time equivalent
907 primary care providers as full-time members of its staff; (9) maintains
908 an ongoing quality assurance program; (10) is a participating title XIX
909 and Medicare provider; (11) has a governing board of at least nine and
910 no more than twenty-five members with authority and responsibility
911 for policy and conduct of the center, the majority of whom are active
912 users of the center and of the nonuser board members, no more than
913 half may derive more than ten per cent of their annual income from the
914 health care industry; (12) provides primary care services at least thirty-
915 two hours per week; and (13) has arrangements for professional
916 coverage during hours when the center is closed.

917 Sec. 41. Subparagraph (A) of subdivision (8) of section 19a-177 of the
918 general statutes is repealed and the following is substituted in lieu

919 thereof (*Effective from passage*):

920 (8) (A) Develop an emergency medical services data collection
921 system. Each emergency medical service organization licensed or
922 certified pursuant to this chapter [386d] shall submit data to the
923 commissioner, on a quarterly basis, from each licensed ambulance
924 service, certified ambulance service or paramedic intercept service that
925 provides emergency medical services. Such submitted data shall
926 include, but not be limited to: (i) The total number of calls for
927 emergency medical services received by such licensed ambulance
928 service, certified ambulance service or paramedic intercept service
929 through the 9-1-1 system during the reporting period; (ii) each level of
930 emergency medical services, as defined in regulations adopted
931 pursuant to section 19a-179, required for each such call; (iii) the
932 response time for each licensed ambulance service, certified ambulance
933 service or paramedic intercept service during the reporting period; (iv)
934 the number of passed calls, cancelled calls and mutual aid calls, both
935 made and received, during the reporting period; and (v) for the
936 reporting period, the prehospital data for the nonscheduled transport
937 of patients required by regulations adopted pursuant to subdivision
938 (6) of this section. The data required under this subdivision may be
939 submitted in any written or electronic form selected by such licensed
940 ambulance service, certified ambulance service or paramedic intercept
941 service and approved by the commissioner, provided the
942 commissioner shall take into consideration the needs of such licensed
943 ambulance service, certified ambulance service or paramedic intercept
944 service in approving such written or electronic form. The
945 commissioner may conduct an audit of any such licensed ambulance
946 service, certified ambulance service or paramedic intercept service as
947 the commissioner deems necessary in order to verify the accuracy of
948 such reported data.

949 Sec. 42. Sections 17b-256 and 19a-7b of the general statutes are
950 repealed. (*Effective July 1, 2019*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2019	19a-6i
Sec. 2	July 1, 2019	22a-478(n)
Sec. 3	July 1, 2019	19a-36g(4)
Sec. 4	July 1, 2019	19a-36l
Sec. 5	July 1, 2019	19a-493(b) and (c)
Sec. 6	July 1, 2019	19a-490(n)
Sec. 7	July 1, 2019	19a-17(f)
Sec. 8	July 1, 2019	17b-274a
Sec. 9	July 1, 2019	17b-274c(a)
Sec. 10	July 1, 2019	17b-274e
Sec. 11	July 1, 2019	17b-491c(a)
Sec. 12	July 1, 2019	19a-127r
Sec. 13	July 1, 2019	19a-14b(c)
Sec. 14	July 1, 2019	19a-37b
Sec. 15	July 1, 2019	19a-495a
Sec. 16	July 1, 2019	19a-562b
Sec. 17	July 1, 2019	19a-902
Sec. 18	July 1, 2019	20-262(b)(2)
Sec. 19	July 1, 2019	19a-177(10) to (13)
Sec. 20	July 1, 2019	4-67x(g)(1)
Sec. 21	July 1, 2019	19a-6q(a)
Sec. 22	July 1, 2019	19a-37(a) and (b)
Sec. 23	July 1, 2019	19a-36h(a)
Sec. 24	July 1, 2019	17a-101(b)
Sec. 25	July 1, 2019	17a-227a
Sec. 26	July 1, 2019	20-206bb(h)
Sec. 27	July 1, 2019	7-406
Sec. 28	July 1, 2019	10a-194a
Sec. 29	July 1, 2019	17a-600(b)
Sec. 30	July 1, 2019	17b-124(b)
Sec. 31	July 1, 2019	17b-126
Sec. 32	July 1, 2019	17b-127(c)
Sec. 33	July 1, 2019	17b-128(b)
Sec. 34	July 1, 2019	17b-129
Sec. 35	July 1, 2019	17b-250
Sec. 36	July 1, 2019	17b-280a
Sec. 37	July 1, 2019	18-87
Sec. 38	July 1, 2019	52-57(f)

Sec. 39	<i>July 1, 2019</i>	54-56d(n)
Sec. 40	<i>July 1, 2019</i>	19a-490a
Sec. 41	<i>from passage</i>	19a-177(8)(A)
Sec. 42	<i>July 1, 2019</i>	Repealer section

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill, which makes changes to public health-related statutes, is not anticipated to result in a fiscal impact to the State or municipalities.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 920****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS FOR VARIOUS REVISIONS TO THE PUBLIC
HEALTH STATUTES.**

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§§ 19 & 41 — ANNUAL EMS SYSTEM REPORT

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§ 20 — CHILD POVERTY AND PREVENTION COUNCIL REPORT

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§ 21 — DPH CHRONIC DISEASE PLAN

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§ 22 — PRIVATE RESIDENTIAL WELLS AND WELLS FOR SEMI-PUBLIC USE

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§ 24 — MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT

Removes DPH employees from the list of mandated reporters of child abuse and neglect to reflect the transfer of child care facility and youth camp licensure from DPH to the Office of Early Childhood

§ 25 — BACKGROUND CHECK FOR DDS JOB APPLICANTS

Requires DDS to conduct fingerprint and state and national background checks on job applicants who have been made a conditional employment offer, instead of only applicants who will provide direct care to individuals with intellectual disability

§§ 27-40 & 42 — REPEALERS

Repeals provisions (1) authorizing DSS to administer the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program and (2) establishing a Health Care Access Commission

SUMMARY

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs.

EFFECTIVE DATE: July 1, 2019, except that technical change (§ 41) on DPH's EMS data collection system takes effect upon passage.

§ 1 — SCHOOL-BASED HEALTH CENTER (SBHC) ADVISORY COMMITTEE

Requires the DPH commissioner to make an appointment to the SBHC advisory committee if there is a spot that is vacant for at least one year and decreases the committee's reporting frequency from annually to biennially

Under existing law, the SBHC advisory committee includes (1) several public officials or their designees and (2) 11 members appointed by the governor, legislative leaders, and DPH commissioner.

The bill requires the DPH commissioner to make an appointment to the committee if a spot is vacant for at least one year. If this occurs, the commissioner must notify the appointing authority of her choice at least 30 days before making the appointment.

By law, the advisory committee must report to the Public Health and Education committees. The bill decreases the required reporting frequency from annually to every other year. As under current law, the next report is due January 1, 2020.

§ 2 — DRINKING WATER STATE REVOLVING FUND (DWSRF) LOANS

Allows DPH to disregard the priority funding list when awarding DWSRF loans for an emergency that requires an eligible drinking water project to be immediately undertaken to protect public health and safety

By law, DPH awards DWSRF program loans equal to 100% of eligible project costs to eligible drinking water projects, based on a priority list for funding it establishes and maintains.

The bill allows DPH to disregard the priority list for an emergency, including an unanticipated infrastructure failure, water contamination, or a water shortage that requires an eligible project to be immediately undertaken in order to protect the public's health and safety. Current law allows DPH to disregard the priority list only if a public water supply emergency exists.

§§ 3, 4 & 23 — MODEL FOOD CODE

Extends by one year, from January 1, 2019 to January 1, 2020, the date by which DPH must implement the FDA's Model Food Code and makes minor and technical changes related to these laws

The bill extends by one year, from January 1, 2019, to January 1,

2020, the date by which DPH must adopt the federal Food and Drug Administration's (FDA) Model Food Code as the state's food code for regulating food establishments.

The bill also makes minor and technical changes related to the model food code laws.

§ 5 — NURSING HOME CHANGES IN OWNERSHIP

Requires a nursing home to notify DPH of a proposed ownership change at least 120 days, instead of 90 days, before the date of the ownership transfer

The bill requires a nursing home to notify DPH of a proposed change of ownership at least 120 days, instead of 90 days as under current law, before the date the transfer will occur.

§§ 5 & 6 — MULTI-CARE INSTITUTIONS

Modifies the definition of "multi-care institution" to include hospitals that provide behavioral and other health care services and requires these hospitals to provide DPH with a list of their satellite units when completing licensure applications

The bill modifies the definition of "multi-care institution" to include hospitals that provide behavioral and other health care services (e.g., walk-in clinic). It also requires these hospitals to provide DPH with a list of their satellite units when completing an initial or renewal license application.

By law, a multi-care institution also includes a psychiatric outpatient clinic for adults, free-standing facility for substance abuse treatment, psychiatric hospital, or a general acute care hospital that provides outpatient behavioral health services that (1) has more than one facility or one or more satellite units owned and operated by a single licensee and (2) offers complex patient health care services at each facility or satellite unit.

The bill defines a "satellite unit" as a location where the multi-care institution provides a segregated unit of services.

§ 7 — HEALTH CARE PRACTITIONER DISCIPLINE

Allows DPH and health care practitioner licensing boards or commissions to take disciplinary action against a practitioner who voluntarily surrendered or entered into an agreement not to renew or reinstate his or her license or permit in another jurisdiction

The bill allows a health care practitioner licensing board or commission or DPH to take disciplinary action against a practitioner's license or permit if the individual was subject to voluntary surrender or an agreement not to renew or reinstate his or her license or permit by an authorized professional disciplinary agency of any state, the federal government, the District of Columbia, a U. S. possession or territory, or a foreign country.

As under existing law, the board, commission, or DPH can rely on the findings and conclusions made by that other jurisdiction's agency in taking the disciplinary action.

§§ 8-12 — CONNECTICUT AIDS DRUG ASSISTANCE PROGRAM AND CONNECTICUT INSURANCE PREMIUM ASSISTANCE PROGRAM

Makes technical changes to reflect the transfer of administration of the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program from DSS to DPH; generally requires program participants to enroll in Medicare Part D and allows DPH to pay Part D premium and coinsurance costs for participants

PA 18-168 transferred administration of the Connecticut AIDS Drug Assistance Program (CADAP) and Connecticut Insurance Premium Assistance Program (CIPA) from the Department of Social Services (DSS) to DPH. The bill effectuates this transfer by removing references to CADAP in DSS-related statutes.

The bill also reinstates the requirement that program applicants and beneficiaries enroll in Medicare Part D, or demonstrate their ineligibility to do so. It allows the DPH commissioner to pay the premium and coinsurance costs of Medicare Part D coverage for these individuals. (PA 18-168 eliminated this requirement.)

By law, CADAP is a pharmaceutical drug assistance program that pays for certain FDA-approved medications to treat HIV and HIV-related conditions for eligible low-income residents. CIPA, which is funded through CADAP, provides health insurance premium assistance to eligible CADAP participants who have private insurance.

§§ 13-18 & 26 — DPH REGULATIONS

Modifies DPH regulatory requirements by permitting, rather than requiring, DPH to adopt regulations on various topics, including radon in drinking water and indoor air and medication administration by unlicensed personnel in residential care homes, among others

The bill permits, rather than requires, DPH to adopt regulations:

1. on radon in drinking water that are consistent with the federal Environmental Protection Agency's (EPA) national primary drinking water regulations (§ 13);
2. to establish radon measurement requirements and procedures for evaluating radon in indoor air and reducing elevated levels detected in public schools (§ 14);
3. requiring home health agencies, residential care homes, assisted living services agencies, and licensed hospice care organizations to provide training on Alzheimer's disease and dementia to direct care staff (§ 16);
4. to ensure the safe provision of auricular acupuncture as an adjunct therapy to treat alcohol and drug abuse (§26); and
5. requiring residential care homes to designate unlicensed personnel to obtain certification to administer medication to residents who require such assistance (§ 15).

For the latter, if the department implements regulations on medication administration by unlicensed personnel, the bill requires, rather than allows, DPH to adopt policies and procedures while adopting the regulations.

Additionally, the bill permits DPH, in consultation with the Department of Mental Health and Addiction Services (DMHAS), to (1) amend its substance abuse treatment regulations, (2) implement a dual licensure program for behavioral health providers who provide mental health and substance abuse services, or (3) permit the use of saliva and urine drug screens at DPH-licensed facilities (§ 17). Current law requires DPH to implement all three of the above listed actions.

Lastly, the bill eliminates the requirement that DPH, in consultation with the Connecticut Examining Board for Barbers, Hairdressers, and Cosmeticians, adopt regulations establishing minimum curriculum requirements for hairdressing and cosmetology schools. It instead requires the commissioner to adopt a curriculum and procedures for approving these schools and to post the curriculum on the DPH website (§ 18).

§§ 19 & 41 — ANNUAL EMS SYSTEM REPORT

Eliminates the requirement that DPH annually report to the Public Health Committee on quantifiable outcome measures for the state's emergency medical system

The bill eliminates the requirement that DPH annually research, develop, track, and report to the Public Health Committee quantifiable outcome measures for the state's emergency medical service (EMS) system.

Existing law, unchanged by the bill, requires DPH to develop an EMS data collection system through which EMS service professionals submit quarterly data to the department. DPH must annually report on the data it collects to the EMS Advisory Board (CGS § 19a-177(8)).

The bill also makes a technical change related to the EMS data collection system.

§ 20 — CHILD POVERTY AND PREVENTION COUNCIL REPORT

Eliminates the requirement that budgeted state agencies providing prevention services to children annually report, until 2020, to the Appropriations, Children's, and Human Services committees

The bill eliminates a requirement that budgeted state agencies providing prevention services to children report to the Appropriations, Children's, and Human Services committees annually by November 1 through 2020. Under current law, the report must include (1) the number of families and children served for at least two prevention services, (2) a description of the preventive purposes of the services, and (3) performance-based standards and outcomes included in relevant contracts, among other things.

Such reports were required when the Child Poverty and Prevention

Council was established. It terminated in June 2015.

§ 21 — DPH CHRONIC DISEASE PLAN

Modifies the content of DPH's statewide chronic disease plan

By law, DPH must consult with the Office of Health Strategy and local health departments to develop and implement a statewide chronic disease plan. The bill requires the plan to reduce the incidence of tobacco use, high blood pressure, health care associated infections, asthma, unintended pregnancy, and diabetes.

Current law requires the plan to address chronic cardiovascular disease, cancer, lupus, stroke, chronic lung disease, diabetes, arthritis or another metabolic disease, and the effects of behavioral health disorders.

As under current law, the plan must be consistent with (1) DPH's Healthy Connecticut 2020 health improvement plan and (2) the state healthcare innovation plan developed under the State Innovation Model Initiative by the Centers for Medicare and Medicaid Services Innovation Center.

§ 22 — PRIVATE RESIDENTIAL WELLS AND WELLS FOR SEMI-PUBLIC USE

Modifies the definitions of "water supply well" and "private well" in DPH statutes regulating private residential wells and wells for semi-public use

The bill makes minor changes to several definitions pertaining to the regulation of private residential wells and wells for semi-public use. It specifies that a "private well" is a well that supplies a residential population, instead of any population, of less than 25 people and is owned or controlled (1) through an easement or (2) by the same entity that owns or controls the building or land that the water supply serves.

The bill also expands the definition of "water supply well" to include an artificial excavation constructed to obtain or provide water for industrial, commercial, agricultural, recreational, irrigation, or other outdoor water use, in addition to domestic use or drinking, as under current law. In doing so, the bill conforms to the statutory

definition used by the Department of Consumer Protection to regulate well drilling, thus subjecting all water supply wells to Public Health Code requirements.

The bill also authorizes the DPH commissioner to adopt regulations on the nonresidential construction of new water supply wells (e.g., an office building with less than 25 employees), in addition to the residential construction of such wells, as under current law.

§ 24 — MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT

Removes DPH employees from the list of mandated reporters of child abuse and neglect to reflect the transfer of child care facility and youth camp licensure from DPH to the Office of Early Childhood

The bill removes DPH employees from the list of mandated reporters of child abuse and neglect to effectuate the transfer of licensing child care facilities and youth camps from DPH to the Office of Early Childhood under PA 14-39.

§ 25 — BACKGROUND CHECK FOR DDS JOB APPLICANTS

Requires DDS to conduct fingerprint and state and national background checks on job applicants who have been made a conditional employment offer, instead of only applicants who will provide direct care to individuals with intellectual disability

The bill requires the Department of Developmental Services (DDS) to conduct fingerprint and state and national background checks on any job applicant who has been made a conditional employment offer. Current law requires DDS to do this only for applicants who will provide direct services to people with intellectual disability.

Current law allows DDS to subject private providers licensed or funded by the state to state criminal background checks if they will have direct contact with individuals with intellectual disability and their families. The bill specifies that such private providers must have been made a conditional employment offer by the department.

§§ 27-40 & 42 — REPEALERS

Repeals provisions (1) authorizing DSS to administer the Connecticut AIDS Drug Assistance Program and Connecticut Insurance Premium Assistance Program and (2) establishing a Health Care Access Commission

The bill repeals the following provisions and makes related technical and conforming changes:

1. requiring DSS to administer CADAP and CIPA, which provide prescription medication assistance to eligible low-income residents with HIV or HIV-related conditions (the programs are now administered by DPH, (see §§ 8-12)(CGS §17b-256) and
2. establishing a Health Care Access Commission to develop programs needed to ensure appropriate health care access by all residents (the commission is defunct and its duties are now performed by the Office of Health Strategy's Health Care Cabinet)(CGS §19a-7b).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 25 Nay 0 (03/29/2019)